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ABSTRACT

Twenty-one upper level psychology students underwent 24 hours of paraprofessional training, followed by 15 hours of practica experience. When compared to controls, experimental subjects' attitudes toward three target groups (institutionalized patients, graduate students in psychology, and undergraduates in psychology) became significantly more positive, while attitudes toward mental hospitals became more negative. (Author)

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Changes in Attitudes Toward Target Groups and in Self-Acceptance as a Function of Paraprofessional Skills Training and Help-Giving Behaviors

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In 1965, Riessman introduced a concept which he called the "helper" therapy principle, which emphasized the benefits an individual gains as a function of helping others. A few years later, Carkhuff (1969, 1971) suggested that actual training in helping skills would also benefit the helper, in terms of becoming a more effective person. The present study, using these ideas, attempted to assess changes in attitudes toward the self, and toward specific target groups, as a function of helping-skills training and client-contact experience. The study was designed so that the effects of "helper" training could be assessed separately from the effects of actual helping experience.

The literature examining the effects of helping skills training on one aspect of personal growth, that is self-acceptance, has been equivocal. For example, one study (Sakowitz & Hirschman, 1975) indicated that after going through a paraprofessional training program, participants showed decreased self-ideal congruency, that is, decreased self-acceptance, as measured by Q-sorts. On the other hand, another study (Kadis, 1975) suggested that paraprofessional training seems to lead to increased internality, as measured by a locus of control scale. To complicate matters, a study investigating changes in self-acceptance as a function of both helping skills training and helping experience, indicated that such experience lead to increased congruence between self and ideal-self ratings (Perlman, 1972).

Studies examining changes in attitudes toward various "target groups" have been somewhat more consistent in their findings. These studies indicate that as a function of increased interpersonal contact, participants' attitudes toward those groups appear to become more positive (e.g., Aronson & Graziano, 1976; Cowen, Zax, & Laird, 1966; Zacker, Rutter, & Bard, 1971). These studies

had a bearing on the formulation of the present project, which examined changes in attitudes toward the self, and toward four target groups, as a function of helping-skills training, and client-contact experience.

The experimental subjects consisted of 21 upper-level psychology students participating in a special topics course entitled "Helping Involvement with the Institutionalized Patient". The content of the course, that is, the experimental manipulation, consisted of four weeks of helping skills training (24 hours), followed by six weeks of client contact with a psychiatric patient. In addition, participants could register for a second quarter of involvement, which enabled them to gain an additional 10 weeks of client-contact experience.

Attitudes toward seven concepts were assessed three times: pre-training (week 0); post-training, but pre-client contact (week 4); and after six weeks of client contact (week 10). A fourth assessment was done on subjects who enrolled in the second quarter at the end of that time (week 20). Attitudes were measured using 20 item semantic differential rating forms. The concepts assessed were as follows: (1) How I see myself; (2) How I would like to be; (3) The institutionalized patient; (4) Mental hospitals; (5) Graduate students in psychology; (6) Undergraduates in psychology; and (7) American Indians. The last concept was intended to be a control concept to assess the stability of the measuring instrument, as subjects gained no systematic exposure to American Indians as a function of our program, whereas they did gain exposure to each of the four "target groups" mentioned above (institutionalized patients, mental hospitals, graduate students in psychology and undergraduates in psychology).

The control group consisted of 21 upper level psychology students enrolled in a traditional academic course entitled "Introduction to Clinical

Psychology".

After the data was collected, it was factor analyzed to form composite, interpretable factors. Three major factors appeared. They were labeled: (1) general-evaluative (e.g., good-bad); (2) passive-acceptance (e.g., accepting-non-accepting); and (3) active-independence (e.g., active-passive). In addition, the self-concept had a fourth factor called "well-being". In doing the analyses of variance, each factor was treated as a separate dependent variable. I will now go through the major significant findings of the study. If you will refer to your handout, it will make it easier for you to follow the results.

Self-concept (concept 1): (see fig. 1).

A significant ($p<.05$) group by trials interaction effect (which is the effect of interest) was obtained only on the general-evaluative dimension (factor 1). Newman-Keuls tests indicated that this effect was due to significant positive increases among experimental subjects, over the training period. Further analyses indicated that this effect was maintained at the follow-up (administration 4- week 20).

Ideal-self ratings (concept 2):

No strong reliable changes were observed on this concept.

The institutionalized patient (concept 3):

A significant interaction effect ($p<.01$) was noted on the passive-acceptance dimension (factor 2). As you can see on figure 2 of your handout, this effect is primarily due to significant positive increases among experimental subjects over the training period, as well as some additional increases over the client-contact phase. This effect was maintained at the follow-up.

Mental hospitals (concept 4): (see fig. 3)

A significant ($p<.10$) interaction effect was obtained on the active-

independence dimension (factor 3). A closer examination of changes among experimental subjects indicated a trend of more negative attitudes over administrations. This effect, however, was not statistically reliable. It is interesting to note that when experimental subjects were broken down into two groups, based on amount of previous contact with psychiatric hospitals, a very clear interaction was found (see figure 4). While subjects with a great amount of previous contact with psychiatric hospitals showed stable attitudes, those with little prior exposure showed sharp decreases, followed by an increase during the second quarter of involvement.

Graduate students in psychology (concept 5): (see figs. 5, 6 & 7)

Significant interaction effects were observed on all three factors (general-evaluative, $p<.05$; passive-acceptance, $p<.10$; and active-independence, $p<.01$). In each case, greater increases in positive attitudes were observed over the training period, rather than the client contact phase. Additionally, none of the effects were maintained at follow-up, to the extent that was hoped for.

Undergraduates in psychology (concept 6):

A significant interaction effect was observed only on the general-evaluative dimension (factor 1, $p<.05$). Newman-Keuls tests indicated that the effect was due to significant positive increases among experimental subjects between administrations 2 and 3 (that was the client-contact phase). As also indicated in figure 8, this effect was not reliably maintained at follow-up.

American Indians (concept 7): (see fig. 9)

As indicated earlier, this concept represented a "control" concept, and was used as an additional procedure to assess the stability of the measuring instrument used. As predicted, there were no significant interaction effects on any of the three factors. In addition, within subjects analyses on

experimental subjects indicated no significant changes over the four administrations, on any of the 3 factors.

Summary and discussion:

Overall, a variety of attitudinal changes among participants in the program occurred. Attitudes toward three of the target groups, including institutionalized patients, graduate psychology students, and undergraduates in psychology, became significantly more positive on at least one of the dimensions analyzed, as did attitudes toward the self. Attitudes toward mental hospitals appeared to become more negative on one of the factors. Of the significant changes observed, however, only changes around the self-concept and toward institutionalized patients were reliably maintained at the follow-up (week 20).

An interesting finding of the study was that more change occurred during the helping-skills training phase, rather than during the client-contact phase. Taking these findings within the context of other similar studies, they suggest the value of programs such as this one in effecting positive personal growth among participants. This kind of information is useful both to justify the existence of such programs, as well as to aid in the recruitment of participants.

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